

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

July 17, 2015

Ms. Diann Ward, Manager Mountain View Of Vershire 397 McIver Road Vershire, VT 05079-9647

Dear Ms. Ward:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on June 15, 2015. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief



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Division of Licensing and Protection STATEMENT OF DEFICIENCIES JUL -9 15 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN DF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: Ticensing and Protection 0371 B WING 06/15/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 397 MCIVER ROAD MOUNTAIN VIEW OF VERSHIRE VERSHIRE, VT 05079 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R100 Initial Comments: R100 An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection on 6/15/15. The following regulatory deficiencies were identified. 5.7 assessment - the resident in question is R136 V. RESIDENT CARE AND HOME SERVICES R136 SS=D A CCS Resident and her Condian has Very lettle change since she come here to stay. 5.7. Assessment 5.7.c Each resident shall also be reassessed * a new assessment will annually and at any point in which there is a change in the resident's physical or mental be done annally within the Correct time frame and each chart will condition. be Monitored monthly by The House Verse or This REQUIREMENT is not met as evidenced bv: Based on record review and staff interview, the home failed to ensure that an annual reassessment was completed for 1 of 3 residents sampled (Resident #1). Findings include: Per record review on 6/15/15, Resident #1 was admitted in October 2011. An assessment was completed upon admission, and the following year an assessment was completed on 12/1/12. There were no more recent assessments available in the medical record. Per interview on 6/15/15 at 11:15 AM, the home manager confirmed that the resident assessment had not been completed annually in 2013 and 2014 as required. R172 R172 V. RESIDENT CARE AND HOME SERVICES SS=D Division of Licensing and Protection (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Division of Licensing and Protection								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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	home must be laber currently accepted practice. Medication resident identified of this REQUIREMENT by: Per observation and failed to ensure that within the expiration date they were open sampled (Resident Per observation on pen in use for Resident Per observation on pen in use for	anagement es and chemicals used in the led in accordance with professional standards of an shall be used only for the on the pharmacy label. NT is not met as evidenced distaff interview, the home to medications were used in date and labeled as to the ned for 1 of 3 residents #2). Findings include: 6/15/15, the Novolog Insuling dent #2 had an expiration date so, this Insulin pen was dated in 3/28/15, and had not been days of opening. Per interview PM, the manager of the home insuling was being administered date on the label, and that it well past the 28 days the manufacturer and	R172	5.10 Medication Ma We will have a chark the residents Name. Do Name of insulini. Dated expercession date a disconded date. We will be write the date on the pen it was opened. The date on the chard fen will be ch by Staff before en injection It will be Monie by the House New and Manager. This practice is a in place. 7-1-15	pered proord			
	(1) Resident medic manages must be s under proper tempe	eations that the home stored in locked compartments erature controls. Only el shall have access to the		Connection	Brook in			

Division of Licensing and Protection STATE FORM

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If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DOWN INFECTION NUMBER: 0371 STREET ADDRESS: CITY, STATE, ZIP CODE 397 MCIVER ROAD VERSHIRE, VT 08079 MOUNTAIN VIEW OF VERSHIRE STREET ADDRESS: CITY, STATE, ZIP CODE 397 MCIVER ROAD VERSHIRE, VT 08079 PREDIX SQUAMARY STATEMENT OF DEFICIENCIES THAT SCALLATION OF LISS DENTIFYING INFORMATION) RECULATION OF LISS DENTIFYING INFORMATION RECULATION OF LISS DENTIFYING INFORMATION This REQUIREMENT Is not met as evidenced by. Per observation and staff intorview, the home failed to ensure that refrigerated medications were being monitored for proper temperature control. Findings include: Per observation on 6/15/15 at 1:15 PM, the medication storage refrigerator did not have a thermometer present, and contained insulin pens of Lantus and Novoleg for Resident #2. Per interview on 6/15/15 at 1:15 PM, the home manager confirmed that there was no thermometer present in the medication in the medication of refrigerator, and that it was no their moment prosent in the medication of the storage of medications. R286 IX. PHYSICAL PLANT SSEF 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, nomelike and comfortable environment. This REQUIREMENT is not met as evidenced by. By about an advance of the provide and maintain a safe, functional, sanitary, nomelike and comfortable environment. This REQUIREMENT is not met as evidenced by. Based on observation and staff interview, the home failed to ensure that household chemicals were stored away from a rease accessible to residents. Findings include: Per observation on 6/15/15 at 9.45 AM, the	Division of Licensing and Protection									
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Part in place same day of inspection. washer and dryer had a shelf above it that stored a number of household cleaners and other items. Observed on this shelf were Liquid Ant Bait, Shout Stain Remover, Bathtub/Shower cleaner, Carpet Cleaning soaps, and Lysol Disinfectant Spray. The laundry equipment and shelf are in a common area hallway that is utilized by residents, some who have dementia. Per interview on 6/15/15 at 10:00 AM, the home manager confirmed the observation of household cleaners/chemicals on a shelf in a resident area of the home.